

Accelerating Delivery System Transformation in Virginia

Expanding Community Capacity Focus Group

October 6, 2015

Department of Medical Assistance Services



Agenda

Introduction

Concept for Transformation

Deep Dive Transformation Concepts

Timeline

Delivery System Reform Incentive Payment Program

Common Features Include:



State has clear vision for a transformed Medicaid delivery system



State identifies activities intended to transform the delivery system



Providers join together to undertake transformation activities



State funds providers based on achievement of specified milestones/metrics

NY, NJ, CA, TX, MA, and KS have implemented DSRIP programs

Transformation of Virginia's Medicaid Program

Virginia is building on the following key reforms:

1. Enrolled 75% of individuals into **capitated managed care**
2. Over 55% of long-term services and support (LTSS) expenditures are for **home and community-based services**
3. Contracted with a Behavioral Health Services Administrator (**BHSA**) to provide enhanced care coordination, 24 hour crisis support, and to manage a network of quality providers
4. Launched **Commonwealth Coordinated Care** – a Medicare-Medicaid enrollee demonstration to integrate medical, behavioral health, and LTSS

Additional Transformations

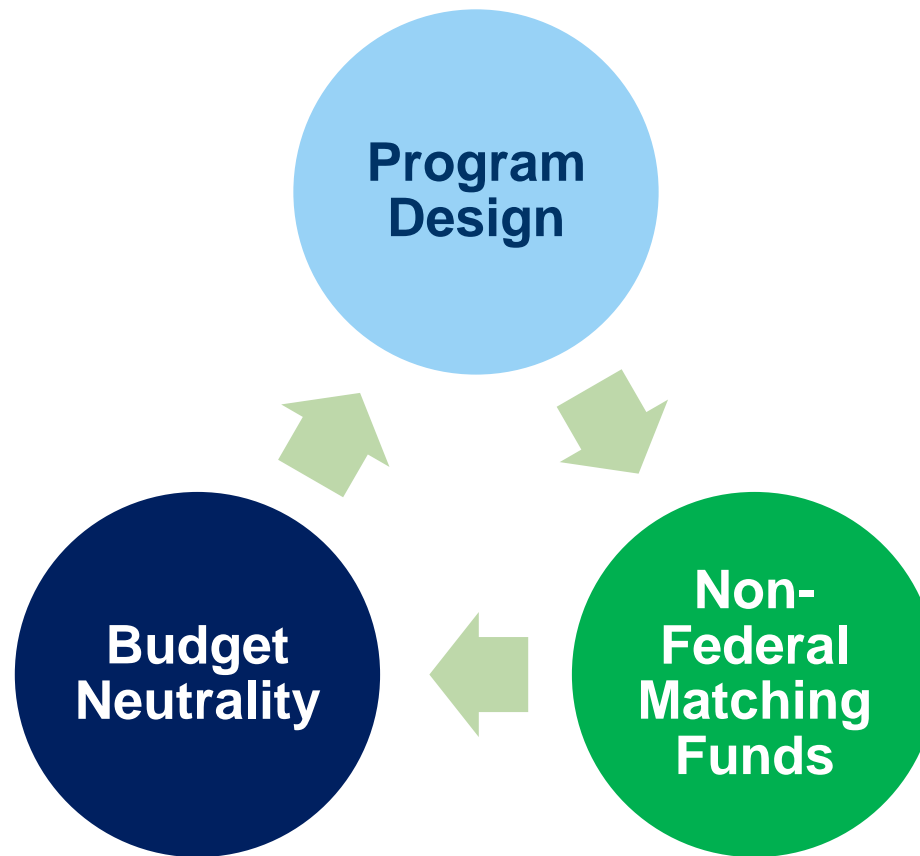
There are additional transformations underway and under consideration that will improve how services and supports are delivered and reimbursed for Virginia Medicaid's most complex and vulnerable populations.

- 1 Managed Long-Term Services and Supports (**MLTSS**) – aligning with Medicare to transform care and enable individuals with the most complex and high-cost needs to thrive in the community
- 2 Comprehensive continuum of care that effectively treats the physical, behavioral, and mental dimensions of substance use disorder (**SUD**)

Also looking at how we can leverage the work of SIM

Main Components of DSRIP Program

There are three main components of a DSRIP Program



Delivery System Reform Incentive Payment Program: The Basics

As the DSRIP program has grown and expanded, CMS perspective and feedback has evolved

What is DSRIP?	What DSRIP is not...
<ul style="list-style-type: none"> ✓ Medicaid waiver to access federal dollars to invest in transformation of the <u>Medicaid delivery system</u>. DSRIP program is a performance-based incentive program. ✓ 5 year non-renewable waiver ✓ CMS expects the DSRIP to move the state to Value Based Payment 	<ul style="list-style-type: none"> × DSRIPs are not grant programs. There is no DSRIP “application” from the federal government × DSRIP cannot replicate other states’ DSRIP programs
<ul style="list-style-type: none"> ✓ Program must be for current Medicaid population 	<ul style="list-style-type: none"> × DSRIP cannot support non-Medicaid population (ex: uninsured)
<ul style="list-style-type: none"> ✓ Investments can include: <ul style="list-style-type: none"> ✓ provider organizations (governance, accountability, risk sharing models) ✓ new processes ✓ new technology infrastructure ✓ training programs ✓ new business capabilities 	<ul style="list-style-type: none"> × Investments cannot be used directly for: <ul style="list-style-type: none"> × new health care services (ex: dental) × new populations × bricks and mortar × housing (ex: rent)



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Delivery System Reform Incentive Payment (DSRIP) Progression

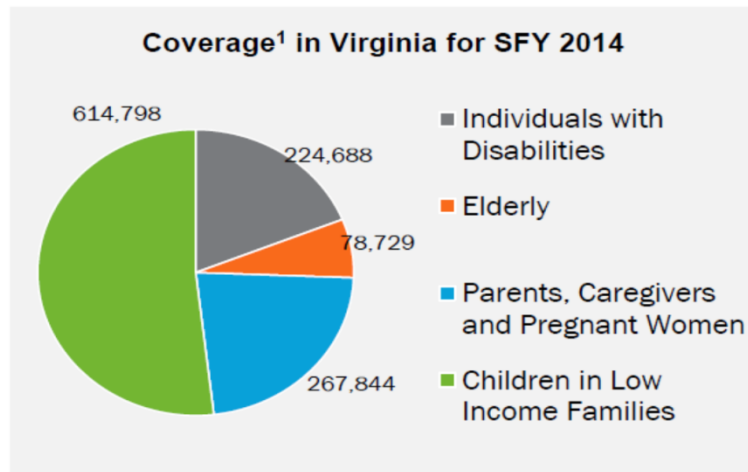
DSRIP presents a Strategic Opportunity for Virginia's Medicaid Program



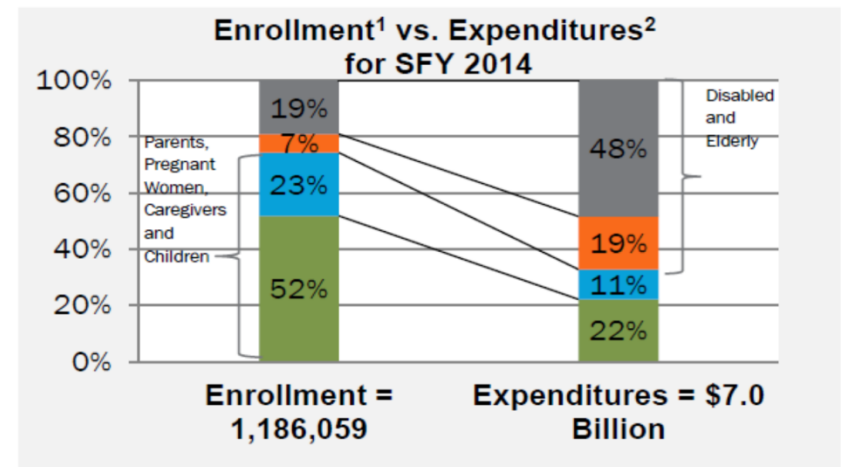
- The **transformation priorities** in Virginia's Medicaid Program through DSRIP is driven by many factors
- **Clear objectives** supporting the case for change must be strong to drive support from CMS
- CMS expects the investment to achieve readiness for **value based payment**

Virginia's Medicaid Population

DSRIP will invest in integrated care and community infrastructure for Virginia's most vulnerable and high-cost Medicaid populations



Medicaid coverage is primarily available to Virginians who are children in low-income families, pregnant women, elderly, individuals with disabilities and parents meeting specific income thresholds.

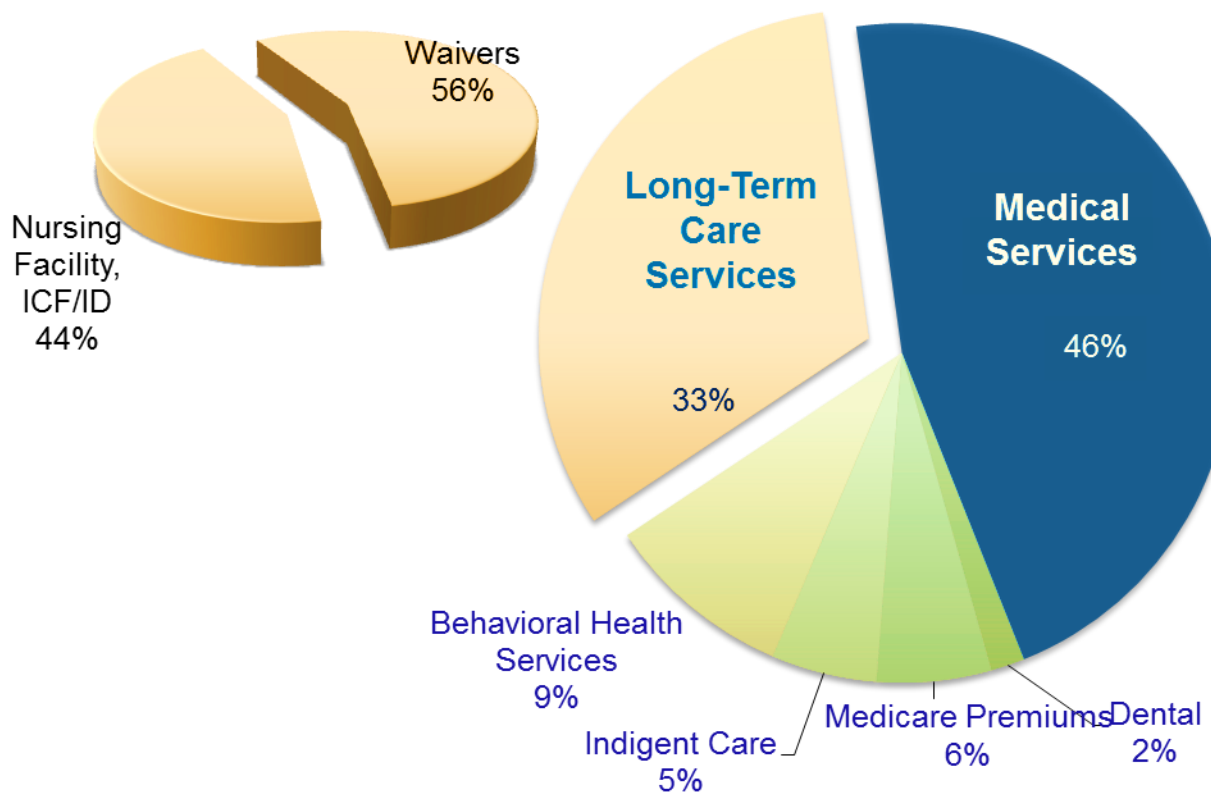


¹Coverage and enrollment numbers show the total annual unduplicated enrollments for Virginia's Title XIX program
²Expenditures represent claims expenditures for Virginia's Title XIX program

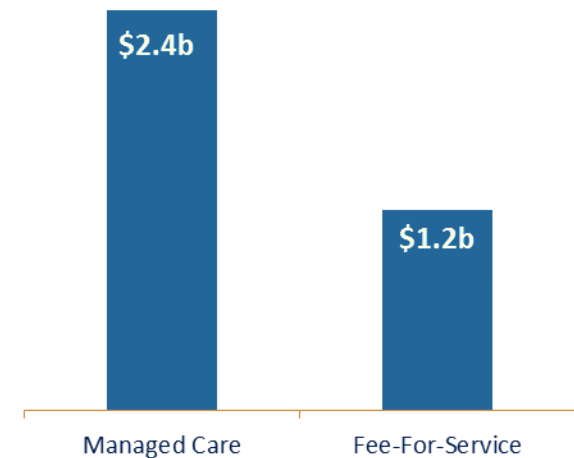
Medicaid expenditures are disproportionate to the Medicaid population. Seniors and individuals with disabilities make up nearly 25% of the total population, yet almost 70% of expenditures are attributed to this group.

Virginia's Medicaid Expenditures Breakdown

Long-Term Care Expenditures



Medical Services by Delivery Type



Current Challenges in Virginia's Medicaid System

Full transformation in Virginia Medicaid's delivery system is constrained by limitations in our infrastructure and how we pay for services.

Specific challenges include:

Disparate Community Capacity



- Community-treatment options differ
- Expertise in serving individuals of varying ability levels is inconsistent
- Over-reliance on institutionalization

Limited Clinical and Social Data Integration



- The Medicaid program is not yet able to:
- Provide optimal person-centered coordinated care
 - Sufficiently leverage social supports and community resources
 - Encourage timely care in the most appropriate setting

Positive Outcomes and High Quality Care is Not Financially Rewarded



- Medicaid reimbursement based upon volume of utilization
- Providers have limited capacity and capability to support alternative payment models
- Limited financial incentive for interdisciplinary community-based care

Greatest Opportunity for Virginia's Medicaid System

DSRIP program is a great opportunity for Virginia to transform

- ✓ The future is a Medicaid delivery system that reimburses based on high-value care
- ✓ Ensure that even the most medically complex enrollees with significantly behavioral, physical, and developmental disabilities can live safely and thrive in the community
- ✓ To accomplish either of these, significant investment in data infrastructure at the provider and state level is imperative
- ✓ Opportune time to leverage upcoming Managed Long-term Services and Supports (MLTSS) procurement

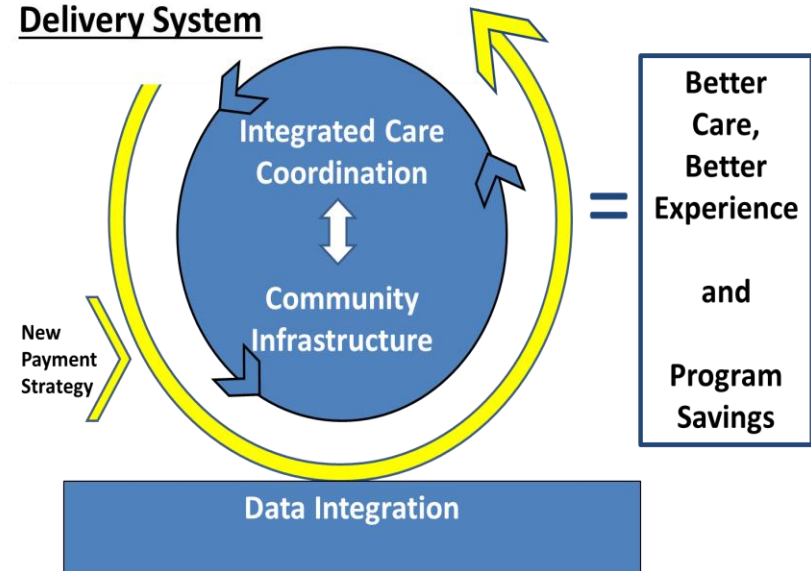
Transforming Virginia's Medicaid Delivery System

In 5 years, Virginia envisions a Medicaid delivery system where high-value care is the norm and even the most medically complex enrollees with significant behavioral, physical, sensory, and developmental disabilities can live safely and thrive in the community

Four Transformation Steps:

1. Integrate Service Delivery
2. Invest in Data Integration
3. Expand Community Capacity
4. Advance How DMAS Pays for Services

Transforming Virginia's Delivery System







Transformation Concepts for Medicaid Delivery System

Four key steps to transform Virginia's Medicaid delivery system are:

Transformation Step

Goal

- | | | |
|--|---|---|
| 1 Integrate Service Delivery |  | Eliminate siloed care between medical, behavioral, and community supports |
| 2 Build Data Platform for Integration and Usability |  | Build the integrated clinical, behavioral, social and support data platform to accelerate provider integration and enable value-based payment |
| 3 Build Community Capacity |  | Strengthen and build the array of community services and providers in a way that is self-sustaining |
| 4 Focus on Value Based Payment Strategy |  | Establish readiness within Medicaid Providers and Plans to implement and accept value-based payments |

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Critical Success Factors

Concept for Transformation

Deep Dive Transformation Concept – Community Capacity

Timeline

Transformation Step : Build Community Capacity

Virginia seeks DSRIP funding to build the array of needed community services and providers in a way that is self-sustaining within 5 years

**Training for Workforce
and Caregivers &
Peers**

**Statewide Crisis
Management**

Telehealth

**Housing &
Employment**

Training for Workforce – Caregivers – Peers

Training for Workforce and Caregivers & Peers

- Enhance training for medical professionals so that behavioral health can be integrated as an extension of primary care
- Enhance training for medical professionals so that providers are competent and confident to work with people of all ability levels
- Expand expertise of practitioners to meet capacity and geographic access needs including in schools

Statewide Crisis Management

Statewide Crisis Management

- Expand crisis management for children and adults to support and stabilize individuals in their homes and limit the escalation of a crisis that leads to hospitalization



Telehealth

Telehealth

- Expand home monitoring for chronic condition management, long-term services and support monitoring, crisis prevention and safety
- Expand access to preventative screenings via telehealth
- Expand access to providers via telehealth; especially for behavioral health treatment



Housing and Employment

Housing & Employment

- Establish a statewide process for recruiting and tracking safe, affordable housing for Medicaid enrollees
- Establish a process for recruiting and tracking employers committed to employing individuals with SPMI or of varying abilities
- Develop a platform to make this information available to providers, care managers, and individuals

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Virginia's DSRIP Waiver Submission Timeline

The two main deliverables for the DSRIP waiver are the concept paper and waiver application

